

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076584

Entity Name: SHARON BOWERS MCCRARY, D.M.D., P.A.

Current Principal Place of Business:

3231 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

Current Mailing Address:

3231 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

FEI Number: 59-3531551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCRARY, SHARON BD.M.D.
3231 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name MCCRARY, SHARON B
Address 133 CORAL CIRCLE
City-State-Zip: SOUTH DAYTONA FL 32119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON BOWERS MCCRARY

DENTIST

03/27/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date